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## Mozambique: Nutrition Profile

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Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policy makers in Mozambique where chronic malnutrition (stunting or low height-for-age) affects more than 2 million children under 5 years (43 percent) (Ministério da Saúde [MISAU], Instituto Nacional de Estatística [INE] and ICF International [ICFI] 2013).

### **Background**

Mozambique's population is projected to more than double by 2050, from 28.8 million to 67.8 million (UNICEF 2017; Population Reference Bureau 2017). The population is very young and rural; 45 percent is under 15 years and only 33 percent live in an urban area (Population Reference Bureau 2017). The country's high fertility rate is contributing to the rapidly growing, young population. According to the IMASIDA 2015, the average woman has 5.3 children during her lifetime with the fertility rate rising even higher in rural areas to 6.1 children per woman. This is a decrease from the Demographic and Health Survey (DHS) in 2011, where the average number of children per woman was 5.9 nationally and 6.6 in rural areas (Instituto Nacional de Saúde, Instituto Nacional de Estatística (INE), ICF Internacional 2015; MISAU, INE and ICFI 2013).

Mozambique is still recovering from the 15-year civil war that followed its independence from Portugal in the 1970s. Tensions remain between its three main political groups: the Front for the Liberation of Mozambique (*Frelimo*), the Mozambican National Resistance (*Renamo*), and the Mozambique Democratic Movement (MDM). Inflation, a depreciating currency, and El Niño-related shocks to the agriculture sector made 2016 a difficult year for Mozambique's economy, but growth rates are expected to improve (World Bank 2017). However, Mozambique's economic gains have not translated into poverty reduction—65 percent of the population lives on US\$1.90 a day (Sachs et al. 2017). Agriculture contributes 25 percent of Mozambique's GDP and approximately 80 percent of the population depends on agriculture for its livelihood (World Food Programme [WFP] 2016). Mozambique suffered from two consecutive years of El Niño-related drought, which had a negative impact on production and agricultural livelihoods. The country is also susceptible to other natural disasters, including cyclones and floods, which disrupt the country's economic development (USAID 2017).

Currently, Mozambique ranks 143<sup>rd</sup> out of 157 countries in progress in meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2017). According to the most recent DHS (2011), 14 percent of female deaths are related to pregnancy or childbearing and one in 10 children will die before reaching 5 years. However, the risk of death due to maternal causes is much higher among adolescent mothers (age 15–19), rising to 24 percent (Ministerio da Saúde [MISAU], Instituto Nacional de Estadística [INE], and ICF International [ICFI] 2013).

### **Nutrition and Food Security Situation**

Following the El Niño climate shocks in 2016, more than 2 million people were acutely food insecure. While the situation has improved due to above-average harvests in mid-2017, several provinces (Sofala, Manica, and Tete) will remain at stressed and crisis levels of food insecurity into the first quarter of 2018 (USAID 2017). However, food insecurity is not the only cause of nutrition problems in Mozambique. Poor diet quality consisting primarily of staple foods, resulting in insufficient micronutrient intake, has contributed to high levels of stunting. In the rural areas in the northern part of the country—which also has the highest levels of stunting—households consume mostly maize with

additional food groups such as oils/fats and green leafy vegetables consumed as infrequently as 2–3 days per week (WFP 2010). Poor diet has also contributed to high levels of micronutrient deficiencies, such as anemia, which affects 69 percent of children under 5 years and 54 percent of women of reproductive age (MISAU, INE, and ICFI 2013).

Six out of Mozambique’s 11 provinces have a very high level of stunting among children under 5, according to World Health Organization (WHO) guidance ( $\geq 30$  percent), and the national average of 43 percent also exceeds this threshold. These provinces include Nampula (55 percent), Cabo Delgado (53 percent), Niassa (47 percent), Zambézia (45 percent), Tete (44 percent), and Manica (42 percent). Stunting is also higher in rural areas (46 percent) compared to urban areas (35 percent). Differences in stunting levels can be seen according to maternal education and wealth levels; stunting ranges from 27 percent among children whose mothers have a secondary education or higher to 47 percent among those whose mothers have no education. Similarly, 24 percent of children in the highest wealth quintile are stunted, while 51 percent of children in the lowest wealth quintile are stunted (MISAU, INE, and ICFI 2013; WHO and UNICEF 2017).

Childbearing begins early in Mozambique and can have long-term nutritional consequences. Between the ages of 15-19 years, 46.4 percent of adolescent girls had begun childbearing in 2015 (Instituto Nacional de Saúde, Instituto Nacional de Estatística (INE), ICF Internacional 2015). This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby who is more likely to become malnourished, and be at increased risk of illness and death, than those born to older mothers. The risk of stunting is 33 percent higher among first-born children of girls under 18 years in Sub-Saharan Africa, and as such, early motherhood is a key driver of malnutrition (Fink et al. 2014). The rate of thinness among adolescent girls is 15 percent, compared to 9 percent among all women of reproductive age, and the rate of low birth weight is 14 percent (MISAU, INE, and ICFI 2013).

HIV and tuberculosis (TB) infections are also an important contributing factor to malnutrition. In Mozambique, HIV prevalence among adults is estimated to be 13 percent (Instituto Nacional de Saúde, Instituto Nacional de Estatística (INE), ICF Internacional 2015) and TB incidence is estimated at 551/100,000. Out of tested TB patients, 51 percent were HIV positive (CDC 2016). Infections can reduce appetite, decrease the body’s absorption of nutrients, and make the body use nutrients faster than usual to repair the immune system. HIV can cause or aggravate malnutrition through reduced food intake, increased energy needs, and poor nutrient absorption. In turn, malnutrition can hasten the progression of HIV and worsen its impact by weakening the immune system and impairing an individual’s ability to fight and recover from illness. HIV affects nutritional status early in the infection, even before other symptoms appear.

<b>Mozambique Nutrition Data (DHS 2003 and 2011)</b>		
Population 2016 (UNICEF 2017)	28.8 million	
Population under 5 years (0–59 months) 2016 (UNICEF 2017)	4.95 million	
	<b>2003</b>	<b>2011</b>
Prevalence of stunting among children under 5 years (0–59 months)	41%	43%
Prevalence of underweight among children under 5 years (0–59 months)	24%	15%
Prevalence of wasting among children under 5 years (0–59 months)	4%	6%
Prevalence of low birth weight (less than 2.5 kg)	6%	14%
Prevalence of anemia among children 6–59 months	NA	69%
Prevalence of anemia among women of reproductive age (15–49 years)	NA	54%
Prevalence of thinness among women of reproductive age (15–49 years)	9%	9%
Prevalence of thinness among adolescent girls (15–19 years)	13%	15%
Prevalence of children 0–5 months exclusively breastfed	30%	43%
Prevalence of children 4–5 months exclusively breastfed	14%	27%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)	65%	77%
Prevalence of children who receive a pre-lacteal feed	16%	NA

Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	NA	15%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	NA	7%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	14%	16%
Coverage of iron for pregnant women (for at least 90 days)	14%	26%
Coverage of vitamin A supplements for children (6-59 months, in the last 6 months)	NA	75%
Percentage of children 6–59 months living in households with iodized salt	NA	46%

NA: Not Available

## **Global and Regional Commitment to Nutrition and Agriculture**

Mozambique has made the following global and regional commitments to nutrition and agriculture:

<b>Year of Commitment</b>	<b>Name</b>	<b>Description</b>
2017	National Council for Nutrition and Food Security ( <i>Conselho Nacional de Segurança Alimentar e Nutricional or CONSAN</i> )	In 2017, Mozambique created CONSAN with the aim of having a high-level, institutionalized coordination structure for nutrition and food security to support the reduction of food insecurity and chronic malnutrition, and to promote the effective implementation of nutrition and food security policies.
2013	New Alliance for Food Security and Nutrition	In 2013, Mozambique joined the New Alliance for Food Security and Nutrition, a partnership among African heads of state, corporate leaders, and G-8 members, to accelerate implementation of Comprehensive Africa Agriculture Development Programme (CAADP) strategies.
2012	Ending Preventable Child and Maternal Deaths: A Promise Renewed	Mozambique pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (A Promise Renewed 2017).
2011	Scaling Up Nutrition (SUN) Movement	SUN is a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. The SUN

		Business Network has held a kickoff meeting and the SUN Civil Society Network is active in four provinces (SUN 2017).
2011	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	CAADP is an African-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development (New Partnership for Africa’s Development 2009). CAADP is implemented through the Strategic Plan Agricultural Development, which falls under Mozambique’s Agenda 2025, with the mission to “contribute to food security and income of agriculture producers in a sustainable and competitive manner, ensuring social and gender equity.”

## **National Nutrition Policies/Legislation, Strategies, and Initiatives**

Mozambique’s commitment to improving nutrition is outlined in the following documents, which are aligned with the government’s Agenda 2025:

- National Development Strategy (*Estrategia Nacional De Desenvolvimento [ENDE]*) 2015–2035
- Government’s Five-Year Plan (*Plano Quinquenal do Governo [PQG]*) 2015–2019
- Multisectoral Action Plan for the Reduction of Chronic Undernutrition (PAMRDC) (2011)
- Agriculture Development Strategy (*Plano Estratégico de Desenvolvimento do Sector Agrário [PEDSA]*) 2011–2020
- Green Revolution Strategy (ERV)
- National Strategy for Food Security and Nutrition (ENSAN II)
- National Plan for Food Security and Nutrition (PASAN II)
- Nutritional Rehabilitation Program (PRN)
- National Strategy for SBCC in the context of Nutrition

Mozambique’s Multisectoral Action Plan for the Reduction of Chronic Undernutrition (PAMRDC) provides a common results framework for nutrition action. The PAMRDC identifies critical target groups, sets out seven strategic objectives, outlines specific interventions and key progress indicators, and identifies which institutions will assume primary responsibility for achieving results. During the next phase, the PAMRDC will be integrated into the broader National Strategy for Food Security and Nutrition (ENSAN III), rather than exist as a separate plan. The government also adopted the Nutritional Rehabilitation Program (PRN) for the treatment of moderate and severe acute malnutrition.

## **USAID Programs: Accelerating Progress in Nutrition**

As of January 2018, the following USAID programs with a focus on nutrition were active in Mozambique.

<b>Selected Projects and Programs Incorporating Nutrition in Mozambique</b>
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Name	Dates	Description
Viable Sweet Potato Technologies for Africa (VISTA)	2014–2021	The VISTA activity is designed to expand the production and utilization of nutritious orange-fleshed sweet potato in 11 districts of Nampula Province and 5 districts of Zambézia Province. VISTA is part of the Feed the Future program in Mozambique and contributes to key agriculture and nutrition objectives, including increased and equitable growth in the agriculture sector, and improved consumption of vitamin A-rich foods by young children and pregnant and lactating women.
Communication for Improved Health Outcomes (CIHO)	2017–2021	A cutting-edge communications package will support targeted changes in key nutrition behaviors, and national-level support will be complemented by targeted provincial efforts.
Procurement and Supply Management (PSM) Project	2016–2021	The project provides technical assistance to improve “last-mile” delivery of nutrition and other key maternal-child/reproductive health products in the provinces of Nampula and Sofala, as well as technical assistance at the national level, to improve ongoing forecasting/quantification/distribution planning for nutrition products nationwide.
SPEED+	2016–2020	USAID/Mozambique had been supporting the implementation of the 2016 Food Fortification Law through the Global Alliance for Improved Nutrition (GAIN) project, which ended in December 2017. SPEED+ will continue to support the implementation. Potential areas for intervention include aligning the legal framework and current national standards with the new law, increasing the awareness of the private sector regarding the new law, assessing and building capacity of relevant government institutions to enable the effective implementation of the regulation, and supporting implementation of labeling requirements. SPEED+ will also work with the Ministry of Finance and other relevant government institutions to understand their needs for support and priority areas for SPEED+ interventions supporting nutrition. SPEED+ will also consult with the Consumer Protection Association, which has established some firm positions on the food fortification issue.
Nutrition Innovation Lab	2010–2020	A first-ever study to measure human levels of aflatoxin, a pathogenic mold present in high levels in commonly consumed crops and soil in Mozambique, will be carried out in 10 Feed the Future Zone of Influence districts in Nampula province. Linkages of aflatoxin with stunting will be investigated as part of the study.
UNICEF	2009–2020	UNICEF provides support in multiple technical areas, utilizing a mix of USAID and non-USAID funds. Under nutrition, areas supported include procurement of ready-to-use therapeutic food and micronutrient powder; social behavior communication change activities, including production of radio spots, printing of infant and young child feeding (IYCF) material and training for IYCF at community level; scaling up and improving quality of treatment for children under 5 with severe acute malnutrition; capacity building of the Ministry of Health’s nutrition department and priority provinces on the nutrition information system; capacity building of the country’s Food Security and Nutrition Technical Secretariat as it supports intersectoral implementation at national, provincial, and district levels; and training of religious leaders to advocate for improved nutrition. UNICEF also provides major support with USAID funds in the areas of child and newborn health, support for emergencies, and pediatric HIV.

Maternal and Child Survival Program (MCSP)	2014–2019	In Mozambique, MCSP focuses on preventative and curative aspects of nutrition programming at national, provincial (in two provinces, with a primary focus in Nampula province, the most populous in the country and with the highest level of chronic malnutrition), district, facility, and community levels, including addressing inadequate IYCF practices and anemia, and strengthening growth monitoring, screening, referral/counter-referral, and treatment systems. MCSP also supports maternal-newborn-child health, water-sanitation-hygiene (WASH), and reproductive health and family planning activities (MCSP 2017).
World Food Program (WFP)	2014–2019	With funding from the President’s Emergency Plan for AIDS Relief (PEPFAR), WFP procures and distributes fortified corn-soy blend flour (CSB+) to all provinces for use by HIV-infected and affected individuals with moderate acute malnutrition. WFP aims to improve adherence to and increase retention of antiretroviral therapy patients, while helping to address broader issues of acute malnutrition. With funds channeled through UNICEF, WFP is also supporting Food Security and Nutrition Executive Secretariat to carry out and disseminate two studies: the Cost of Hunger in Africa and Fill the Nutrient Gap. These studies will help inform future activities for the country, while serving as advocacy tools for increased funding.
Nathan & Associates (Leadership in Public Financial Management II/LPFM II)	2014–2018	With USAID/Washington funding, this initiative is developing cost-effectiveness analyses to help select the optimum nutrition interventions among those proposed under the Fill the Nutrient Gap study.
Aflasafe	2017–2018	The objective of the Aflatoxin mitigation project is to develop, register, and promote the use of a smallholder-friendly biocontrol mechanism “AFLASAFE,” to support a reduction of aflatoxin in crops like maize, groundnuts (peanuts), and cassava, and promote increased exports of these crops.
PEPFAR, Clinical HIV/AIDS Services Strengthening (CHASS) Project	2015–2018	As part of its services, the CHASS project provides nutrition assessment, counseling, and support (NACS) to people living with HIV and aims to increase demand for clinical nutrition services at the community level.
Media Strengthening Project (MSP)	2013–2018	This project provides technical assistance to support local journalists to better report on nutrition and other health issues through community radio. Collaboration with USAID-supported health projects including MCSP, UNICEF, and VISTA is ensuring that nutrition and other health messages broadcast on community radios are accurate and effective in changing behaviors.
The Food and Nutrition Technical Assistance III Project (FANTA)	2013–2018	FANTA supports improved food and nutrition design, monitoring and evaluation, and implementation of PRN national and sub-national levels. It also provides technical assistance to the Ministry of Health to develop and implement nutrition-oriented policies, strategies, and programs, including MCHN programs and those aimed at reducing chronic malnutrition.
World Health Organization (WHO)	Ongoing	Through WHO, USAID is providing technical assistance to help develop the country’s nascent nutrition surveillance system, under the Ministry of Health, and to ensure effective linkage with the food security and nutrition surveillance system being developed by the Food Security and Nutrition Executive Secretariat.
Food for Peace (FFP)	Ongoing	FFP has partnered with WFP to provide emergency food assistance to vulnerable and shock-affected communities. WFP distributes food

	vouchers and locally purchased food through cash and food-for-assets activities (USAID 2017).
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## Other USAID Nutrition-Related Development Assistance

USAID invests in improving nutritional status for HIV-positive clients, particularly pregnant women and HIV-exposed children, through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR is accelerating NACS programs within home-based care, facility, and prevention of mother-to-child transmission settings. NACS services include nutrition assessment, counseling, referrals, and linkages to food security programs as well as referral to nutrition rehabilitation centers for people living with HIV, orphans and vulnerable children, and clinically malnourished children identified in the community. In FY2012, NACS/PRN guidelines were rolled out nationwide; as a result, there has been an increase in the number of health facilities providing NACS for children and pregnant/lactating women, as well as improvements in nutrition data collection. In 2016, PRN guidelines for people older than 15 years were rolled out through a training of trainers approach. With PEPFAR funds, USAID provides fortified corn-soy blend flour, to ensure that products needed to treat individuals over 5 years with acute malnutrition are available at high-volume antiretroviral treatment health facilities in targeted "scale-up" districts. During 2018, provision of ready-to-use supplemental food for treatment of children under 5 will be initiated.

USAID, in partnership with the Carr Foundation and the Government of Mozambique, supports the Gorongosa Restoration Project. The project contributes not only to the restoration of this national park through reforestation, anti-poaching activities, and biological research and monitoring, but also seeks to support the communities surrounding the park by providing basic health services through community health workers (CHWs). CHWs are trained on topics including prenatal and infant care, household cleanliness, proper nutrition, regular vaccines, the links between personal hygiene and common illness, and HIV/AIDS and other sexually transmitted diseases (USAID 2013).

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